

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90006 029 ****61.25

DOCUMENT # 742625

1. Entity Name
EEVA APARTMENTS, INC.



Principal Place of Business
**1025 SOUTH "L" STREET
LAKE WORTH, FL 33460**

Mailing Address
**1025 SOUTH "L" STREET
LAKE WORTH, FL 33460**



07082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2362883

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HARKONEN, ERIC
1025 SO L STREET #5
LAKE WORTH, FL 33460**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HARKONEN, ERIC
STREET ADDRESS 1025 SO L STREET #4
CITY-ST-ZIP LAKE WORTH, FL

TITLE ST
NAME HARKONEN, VICKI
STREET ADDRESS 1025 SO L STREET #4
CITY-ST-ZIP LAKE WORTH, FL

TITLE D
NAME HARKONEN, LARRY
STREET ADDRESS 1025 S "L" ST #1
CITY-ST-ZIP LAKE WORTH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7.8.04 961-585-6450